

Complete Summary

TITLE

Initiation of alcohol and other drug (AOD) dependence treatment: percentage of adolescents and adults diagnosed with AOD dependence who initiate treatment through either an inpatient AOD admission or an outpatient service for AOD dependence and an additional AOD service within 14 days.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Access

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Process

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of adolescents and adults diagnosed with alcohol and other drug (AOD) dependence who initiate treatment through either:

- an inpatient AOD admission, or
- an outpatient service for AOD dependence and an additional AOD service within 14 days.

See also the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure [Engagement of alcohol and other drug \(AOD\) dependence treatment: percentage of adolescents](#)

[and adults diagnosed with AOD dependence disorders who receive two additional AOD services within 30 days after the initiation of AOD treatment.](#)

RATIONALE

There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance abuse places a huge burden on the health care system.

The identification of individuals with alcohol and other drug (AOD) disorders is an important first step in the process of care. However, the identification of AOD disorders often does not routinely lead to the initiation of care. Reasons that an individual may not initiate treatment include the social stigma associated with AOD disorder, denial that there is an AOD problem, non-compliance to AOD treatment offered, or the lack of immediately available treatment services. This measure is designed to ensure that plans initiate treatment once the need has been identified, and will permit comparison of plans' effectiveness in initiating care.

Development of this measure is supported by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). CSAT was created in October 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems.

PRIMARY CLINICAL COMPONENT

Alcohol and other drug (AOD) dependence; initiation of treatment

DENOMINATOR DESCRIPTION

Adolescent and adult members 13 years and older as of December 31 of the measurement year who were diagnosed with a new episode of alcohol or other drug (AOD) dependence through an outpatient claim/encounter or intermediate claim/encounter, a detoxification or emergency department visit, or an inpatient discharge between January 1 and November 15 of the measurement year (see the "Description of Case Finding" and "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Members in the denominator who initiate alcohol and other drug (AOD) dependence treatment (see the related "Numerator Inclusion/Exclusion" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
 Use of this measure to improve performance
 Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
 Decision-making by businesses about health-plan purchasing
 Decision-making by consumers about health plan/provider choice
 Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
 Behavioral Health Care
 Emergency Medical Services
 Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians
 Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 13 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

According to a report from the 2001 National Household Survey on Drug Abuse (NHSDA), an estimated 16.6 million Americans aged 12 or older in 2001 were classified with dependence on or abuse of either alcohol or illicit drugs (7.3 percent of the total population). Of these, 2.4 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.2 million were dependent on or abused illicit drugs but not alcohol, and 11.0 million were dependent on or abused alcohol but not illicit drugs.

- Of the 16.6 million persons with substance dependence or abuse in 2001, about half (8.2 million) were substance dependent. Of these, 0.9 million were classified with dependence on both alcohol and illicit drugs, 4.5 million were classified with dependence on alcohol but not illicit drugs, and 2.7 million were classified with dependence on illicit drugs but not alcohol.
- The number of persons with substance dependence or abuse increased from 14.5 million (6.5 percent of the population) in 2000 to 16.6 million (7.3 percent) in 2001.
- There were 13.4 million persons classified with dependence on or abuse of alcohol (5.9 percent of the total population). Among past year users of alcohol, 9.3 percent were classified with alcohol dependence or abuse.
- Rates for illicit drug or alcohol dependence or abuse show substantial variation by age. The rate for illicit drug or alcohol dependence or abuse was 0.9 percent at age 12, and rates increased with age until the highest rate (22.8 percent) was reached at age 21. After age 21, the rates declined with age. The rate for persons aged 26 or older was 5.4 percent; the rate for persons aged 18 to 25 was 18.4 percent; and the rate for youths aged 12 to 17 was 7.8 percent.
- Most adults with substance dependence or abuse are employed either full or part time. Among the 14.7 million adults with dependence or abuse, 11.3 million (77 percent) were employed.
- More than 18 million people who use alcohol and almost 5 million who use illicit drugs need substance abuse treatment. "Need" is determined by consumption patterns and the seriousness of the associated consequences. Overall, fewer than one-fourth of those needing treatment get it. The drug abuse treatment gap was estimated to be 5.0 million people in 2001, or 2.2

- percent of the total population aged 12 or older, compared with 3.9 million (1.7 percent) in 2000.
- Of the 5.0 million people who needed but did not receive treatment in 2001, an estimated 377,000 reported that they felt they needed treatment for their drug problem. This includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

EVIDENCE FOR INCIDENCE/PREVALENCE

Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. Results from the 2001 national household survey on drug abuse: volume I. Summary of national findings. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies; 2002. (NHSDA; no. H-17).

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adolescent and adult members 13 years and older as of December 31 of the measurement year continuously enrolled 60 days prior through 44 days after the Index Episode Start Date* without any gaps in enrollment during the continuous enrollment period who were diagnosed with a new episode of alcohol or other drug (AOD) dependence

*Index Episode Start Date: Either the discharge date of the earliest inpatient encounter or the service date of the earliest intermediate, emergency department or outpatient encounter between January 1 and November 15 of the measurement year with a qualifying diagnosis of AOD dependence.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Adolescent and adult members 13 years and older as of December 31 of the measurement year who were diagnosed with a new episode of alcohol or other drug (AOD) dependence through an outpatient claim/encounter or intermediate claim/encounter, a detoxification or emergency department visit, or an inpatient discharge between January 1 and November 15 of the measurement year

Note: Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Exclude from the denominator members whose initiation service was an inpatient stay with a discharge date after December 1.

DENOMINATOR (INDEX) EVENT

Clinical Condition

Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members in the denominator who initiate alcohol and other drug (AOD) dependence treatment

Initiation of AOD dependence treatment can occur:

- if the Index Episode was an inpatient discharge, the inpatient stay is considered initiation of treatment, or

- if the Index Episode was a detoxification, emergency department visit or outpatient visit, the member must have a subsequent service within 14 days of the Index Episode Start Date to be considered initiated.

Note: If the member is directly transferred to another acute facility, the Managed Care Organization (MCO) should use the discharge date from the second facility when calculating the measure.

Exclusions

Emergency department and detoxification visits without additional services within 14 days of the Index Episode count only toward the denominator and should not be included as the initiation visit.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for Medicaid, Medicare, and commercial plans and should be reported for the following age stratifications (based on age as of December 31 of the measurement year):

- 13- to 17-year-olds
- 18- to 25-year-olds

- 26- to 34-year-olds
- 35- to 64-year olds
- 65+ year-olds
- total

STANDARD OF COMPARISON

External comparison at a point in time
 External comparison of time trends
 Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Initiation and engagement of alcohol and other drug dependence treatment (IET).

MEASURE COLLECTION

[HEDIS® 2006: Health Plan Employer Data and Information Set](#)

MEASURE SET NAME

[Access/Availability of Care](#)

DEVELOPER

National Committee for Quality Assurance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

MEASURE AVAILABILITY

The individual measure, "Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)," is published in "HEDIS 2006. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

The NQMC summary was completed by ECRI on September 29, 2005. The information was verified by the measure developer on December 2, 2005.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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